ADVENTUREGUARD SUPPLEMENTAL QUESTIONNAIRE - MECHANIZED (HELI/CAT) SKIING

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THIS IS A SUPPLEMENTAL QUESTIONNAIRE ONLY. PLEASE COMPLETE THE ADVENTURE ACTIVITIES APPLICATION FIRST.

APPLICANT						
Legal Name of Company:						
Operating Name:						
ME	CHA	NIZED SKIING OPERATIONS:				
1)	Ple	ase provide total participant numbers for all activi	ties that you offer:			
	a)	Heli Ski/Snowboard:	Average Trip Duration:			
	b)	Cat Ski:	Average Trip Duration:			
	c)	Heli Hike / Snowshoe:	Average Trip Duration:			
	d)	Heli Mountain Bike:	Average Trip Duration:			
2)	Are you an accredited member of HeliCat Canada? Yes No					
	a. If NO, what other industry association do you belong to?					
3)	Does your company meet the terrain guidelines set by the ACMG? Yes ☐ No ☐					
	a. If NO, please explain:					
4)	Please indicate type and level of guide certification:					
5)	Are	your guides Canadian Avalanche Association ac	credited? Yes ☐ No ☐			
	a.	If NO, please explain why:				
6)	Ple	ase describe procedures for obtaining current ava	alanche and snowpack conditions:			
7)	Who provides your aviation services?					
	a.	Are you named on their policy as Additionally In:	sured? Yes U No U			
	b. What limit of liability do they carry?					
8)	Please provide make, model and serial number of snowcat used:					
	a. Is snowcat owned or leased? Yes No					
	b. Do you have a regular schedule for maintenance? Yes No					
-0/	c. Who provides maintenance on the snowcat?					
9)	Do helicopters or snowcats refuel on your property? Yes No					
	a. If YES, who owns the fuel tanks?					
40)	b. If YES, who does the refueling?					
		here a landing pad on your property? Yes No				
11)			d avalanche beacons, probes and shovels? Yes 🗌 No 🗌			
12)	a.	If NO, please state why: your clients use AirBags or AvaLung devices? Ye	so □ No □			
			55 🗌 110 🖂			
12)	a. If NO, please state why: Do you require all participants to use releasable bindings? Yes \(\subseteq \text{No} \subseteq \)					
13)						
14)	a. If NO, please state why:					
14)	I) Do you own a lodge? Yes No					
	 a. If YES, do you carry a separate liability policy for the lodge? Yes \(\subseteq \text{No} \subseteq \) i. If NO, do you require terms for the lodge (a separate application will be required)? Yes \(\subseteq \text{No} \subseteq \) 					
	b.					
	 b. If you do not own your lodge, do you subcontract your lodging to another company? Yes ☐ No ☐ i. If YES, are you added as additional Insured to their liability policy? Yes ☐ No ☐ 					
		ii. If NO, are participants responsible for their				

Oceanic Underwriters Ltd

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PLEASE NOTE:

The applicant agrees to notify the company of any material changes in the answers to the questions on this questionnaire which may arise during the course of this policy issued and further understands that claims may be denied if information regarding these material changes was not provided. The purpose of this questionnaire is to assist in the underwriting process. Information contained herein is specifically relied on in determination of insurability. The undersigned, therefore, warrants that the information contained herein is true and accurate to the best of his / her knowledge, information, and belief. This questionnaire and the application shall be the basis of any insurance policy that be issued and will be part of such policy. A consumer report containing personal, credit, factual or investigative information about the applicant may be sought in connection with this application for insurance or any renewal, extension or variation thereof. Signing of this form does not bind the Applicant to purchase the insurance or the Insurer to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued.

Insured Signature:			Date:		
Broker Signature:			Date:		
Broker Email:					
Brokerage:		Contact:			
Tel:	Fax:	Email:			